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ABSTRACT

The Forsyth County (North Carolina) Health Department's Health Education Division developed a community-based Acquired Immune Deficiency Syndrome (AIDS) outreach program for migrants. The Migrant/Hispanic Center in Kernersville, North Carolina operates under the auspice of the Catholic Diocese of Charlotte and provides services to Hispanic migrants. The Center agreed to cooperate in the development and implementation of the program. Members of the Migrant/Hispanic Advisory Council and the church congregation participated in the planning, using volunteer community members as translators. Migrants explained that previous agencies offering similar services did not involve the migrants in planning, and therefore the programs did not last. The objectives of the program were: (1) to conduct a comprehensive ongoing series of health education sessions with teens and adults; (2) to increase the awareness of the spread of AIDS/HIV infection among the Hispanic population and encourage alternatives to risk-taking behaviors; (3) to train at least six migrants to be health advisors in their community through the Migrant/Hispanic Center; (4) to develop and translate health education materials; (5) to promote increased utilization of public health services and available resources for Hispanics; and (6) to maintain periodic needs assessments through the use of focus groups, follow-up meetings and personal interviews. The core educational programs included church and community seminars, health advisory training, neighborhood clinics and technical consultation, translation, and resources. Services of the Center are available to over 8,000 migrants living in a seven-county area. (KS)

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Community-based AIDS Outreach Efforts to Migrants: A Case Example From Forsyth County

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BACKGROUND INFORMATION
Forsyth County Health Department

The Forsyth County Health Department located in Winston-Salem, North Carolina promotes the health of its residents by providing health care for the medically underserved, preventing and controlling the spread of disease, offering educational programs on health topics, and keeping records on births, the major illnesses, and causes of death in Forsyth County. All services are provided to children, youth, women of childbearing age, adults and elderly, the homebound sick and the general public.

The Health Education Division provides services in areas relating to adolescent pregnancy prevention, maternal and child health, adult health, family planning, substance abuse prevention, environmental health education, and AIDS education and prevention.

In 1987, the Forsyth County Health Department's Health Education Division received a grant from the North Carolina AIDS Control Program to implement AIDS education efforts in minority communities. Community outreach, counseling and testing services were the primary methods used to fulfill objectives of this grant. Statistics from the Centers for Disease Control clearly illustrate the disproportionate increase in AIDS/HIV infection among minorities (i.e. blacks and Hispanics). This is

how the health education division decided to identify populations to target, including the predominantly Hispanic migrant community in our area.

The Migrant/Hispanic Center

The Migrant/Hispanic Center located in Kernersville, North Carolina operates under the auspices of the Catholic Diocese of Charlotte. The Center is housed beside the Holy Cross Catholic Church in Kernersville. Migrants and Hispanics utilize the center for services relating to housing, job placement and information, and access to available community resources. The center staff consists of a director and community volunteers. The Director is a social worker and highly respected by the migrant community.

The Migrant/Hispanic Center provides services to migrants/Hispanics in seven counties, including Forsyth. Two of these counties are in urban SMSAs, with the remaining five being rural. Migrants from all of these counties utilize the services of the Center on a daily basis. Most of the migrants live in poverty areas and often share their quarters with one or two additional families. School is not a priority when getting and keeping a job in the migrant stream is necessary for survival. A typical family generally consists of five to eleven children.

The Center's director agreed to meet with our staff to discuss the feasibility of outreach programs. He liked the idea and was willing to assist in whatever way possible. However, he recommended the program be introduced to the Migrant/Hispanic Advisory Council and church congregation for approval and input.

When presented, it was unanimously accepted by both groups.

From these groups we asked for volunteers to assist throughout the program. Eight adults agreed to help with the program. These individuals agreed to serve as translators during the sessions and provide technical assistance when needed. Their involvement in the program's development and implementation encouraged participation among the migrants.

Services of the Migrant/Hispanic Center are available to approximately 7165 migrants (including dependents) living in the six counties surrounding Forsyth (Employment Security Commission, 1988), in addition to the 1531 presently residing in Forsyth County. As such, this program is capable of reaching a combined total of 8696 migrants.

The following summarizes the development of the community-based AIDS outreach program for migrants in Forsyth County. The various phases discussed provide a step-by-step approach to program planning, development and implementation. The entire program began in January 1989.

Orientation and Planning Meeting

On a Saturday evening a planning meeting was held at the Migrant/Hispanic Center in Kernersville. One of the advisory council members, who is very interested in migrant health, was responsible for notifying others and securing the meeting location. The purpose of this meeting was to share information on what types of outreach efforts were being implemented in the health education division and how they could be incorporated

into the existing migrant services. Eight people attended the meeting, three women and five men, to discuss program needs and objectives. During this orientation meeting, there were several items addressed which included: the nature of health education, potential benefits and outcomes, perceived barriers, previous and existing experiences with health education, and questions and answers.

The person who secured the meeting site and encouraged participation agreed to be the translator for the meeting. A few of the participants spoke a little English, however, the information and discussion was too important to be misunderstood. We were aware that language was going to be a barrier and requested a translator to attend each meeting. This did not pose a problem because there were several people willing to help translate. The styles and accuracy of translation varied among translators. On occasions the translator incorporated his own experiences and/or beliefs into the information provided to help the migrants understand. Even though the assistance was helpful, the extra translation weakened the impact of the information given. We were fortunate to identify these barriers early in the planning stages, in order to make adjustments for the upcoming meetings.

AIDS researchers and educators are encouraging the development of educational programs which are culturally and socially sensitive to ethnic groups, emphasizing behavior modification, prevention, and safer sex. Considering the large number of Hispanic migrants in Forsyth and surrounding counties, the need for comprehensive educational services was justified.

The migrants shared their past experiences with health care professionals from other agencies seeking to offer similar services. These efforts did not involve joint planning between the migrants and the agency. Instead, the agency identified the need and planned programs accordingly. Due to low participation the program soon ended. The migrants attending this meeting wanted to be sure our services would not be typical of those past experiences, even if participation was low. We assured them our services would be continuous as long as they were involved in its planning and development.

Time was an important factor because the typical work day began very early in the morning and ended late at night. A lengthy discussion took place to decide on the best time to conduct the programs. Sundays were good days after regular church services, as were Saturday nights after six o'clock. The group decided to try both days and see which was more convenient.

The initial planning involved input from the center's director, the advisory council and community members at large. Clients utilizing services of the Migrant/ Hispanic Center were asked how they felt about the idea of having health education sessions and what they wanted to be included. Feedback was positive which was important to the program's stability. Everyone was advised of periodic follow-up meetings and interviews to reiterate the need for input, feedback, and support. Also, additional needs assessment tools would be selected as needed.

Migrants meet at the Center to conduct special events, classes, or counseling. However, with this program the more migrants reached, the greater the possibility of increased participation. It was decided by the group that the first session would be announced the week of the program during Sunday morning mass.

The first few meetings were held at the office of the Migrant/Hispanic Center on Saturdays with periodic sessions held on Sundays at the church. This was decided so the program facilitators could get an indication of the participation level and later sessions can be moved to the church if group size increased. Also, this would allow the program to begin immediately versus seeking church approval for meeting rooms, security and other logistical details. Identifying community resources and staff did not pose a problem because the nature of public health not only includes a person's physical condition but also works to improve overall mental, social, and emotional well-being.

The collaboration with other agencies helps make the system move smoother. The Health Education Division offers services in areas of adult health, maternal and child health, adolescent sexuality and pregnancy, AIDS, health promotion (wellness), safety, parenting, and substance abuse. Staff involved in implementing this outreach program worked specifically with AIDS education. Needs identified which the staff could not comfortably address, were referred to the appropriate party.

As alluded to earlier, the migrants have experienced many negative feelings about past endeavors with other agencies. Therefore, a joint decision was made with the advisory council, the migrants, and the health department to conduct an ongoing project beyond the initial pilot study phase. The program's purpose and objectives were established and reviewed with the group. The stated purpose and objectives for the migrant outreach program include:

Purpose: To provide comprehensive health education sessions to migrants through the collaborative efforts of the Health Department (AIDS educators) and the Migrant/Hispanic Center (through the advisory council).

Objectives: To conduct a comprehensive ongoing series of health education sessions (i.e. AIDS, sexuality, sexually transmitted diseases, pregnancy and drugs) with teens and adults.

To increase the awareness of the spread of AIDS/HIV infection among the Hispanic population and encourage alternatives to risk-taking behaviors. To train at least six migrants to be health advisors in their community through the Migrant/Hispanic Center.

To develop and translate health education materials.

To promote increased utilization of public health services and available resources for Hispanics.

To maintain periodic needs assessments through the use of focus groups, follow-up meetings and personal interviews.

Development of Program Components

Collaboration and outreach are the keys to our program's success. The migrants had input in the revision of the stated objectives. They were encouraged to change, delete or add their opinions at any time throughout the series. Prior to meeting the migrant leaders, and advisory council members, the director of the Migrant/Hispanic Center was extensively interviewed to gather background information and identify community needs.

The Center director is a social worker who is responsible for the agency's development. His beliefs and perceptions about the migrant community were essential to selecting the program content. Some interesting information was revealed about the migrant community after several conversations with the director. He alluded to an increase in sexual promiscuity among adults but felt teens, especially females were not sexually active. After consulting with the public health clinic's physician and her assistant we found many adolescents were utilizing the sexually transmitted disease clinic for complications. This does not mean the director's statement was false. Instead, it illustrated that there are sexually active teenagers in this

population, of which he had no idea.

Approximately 200 teenagers utilize the Center on a monthly basis, mainly for educational purposes. The adult community is mostly made up of men, however, the information shared in sessions is relevant to both males and females. The director also prepared us for the cultural barrier of discussing sexuality, including homosexuality, and drug use. It was suggested to continue on-going focus groups with teens and adults to assure the program's effectiveness and re-evaluate community needs.

The programs were scheduled for two hours and printed flyers were developed for publicity. The church minister agreed to have the flyers distributed during Sunday morning masses. The core educational programs in this outreach effort include church and community seminars, health advisory training, neighborhood clinics and technical consultation, translation, and resources. A brief description of each follows.

Church/Community Seminars: Topics include AIDS, HIV testing and counseling, hepatitis A and B, hygiene, community and health resources, public health department services, drug education, parenting, STDs, first-aid, family life and decision-making. Sessions are facilitated by health department staff on a monthly basis and a translator is present at each meeting. Incentives, such as combs, soap, and razors are given as door prises at the conclusion of each session. These were items selected by the advisory council.

Health Advisory Training: This component is in the development stage. However, the goal is to train community leaders or residents on health and other related topics so they can serve as advisors for other migrants. We project reaching a larger number people with this strategy, and information given should have a greater impact because of it coming from a familiar and trusted neighbor. Participants are being recruited through the migrant office, with sessions being held in the homes of migrants.

Neighborhood Clinics: The Health Department has developed satellite clinics throughout neighborhood areas in the county. One clinic is located in Kernersville but is seldom used by the migrants. We have decided to publicize this clinic through our outreach program. The clinics can serve as referral points for the lay advisors being trained.

Each public health clinic has been surveyed to determine requirements, fees and services. Information gathered was shared with the Center director, and a resource manual has been developed for information and referral purposes.

Technical Consultation/Translation/Resources: The health education division has access to various journals, statistics and other relevant information concerning migrants and Hispanics. Articles, posters, brochures, and other support materials are given to the Center and program participants on a regular basis. Materials are

translated with assistance from the center director and two Health Department staff. Consultations and technical assistance to local agencies, health departments and migrants are provided upon request. Through the collaboration of efforts from the agencies involved the migrants will have easier access to community resources throughout the county. Also, if special requirements are requested, the director can inform the migrant prior to the appointment or service.

The Forsyth County Health Department is pleased to have initiated these outreach efforts with the Migrant/Hispanic population. The program development involved continuous input from the participants which is essential for program acceptance and success. Within the next year, particular attention will be given to the role of the lay health advisor, and the applicability of that model, as developed by Watkins, etal. (1988), to the migrant community in a more urban environment.

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